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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	1/1368
First Named Inventor	Olivier POTTERAT
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 621,272
Filing Date	July 17, 2003
Group Art Unit	to be assigned
Examiner Name	to be assigned

**As a below named Inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BICYCLIC OLIGOPEPTIDES**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) **07/17/2003** as United States Application Number or PCT International

Application Number **10/621,272** and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
02015907.5	EP	07/17/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

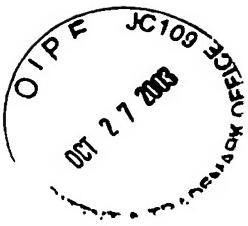
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/416,797	10/08/2002	<input type="checkbox"/>

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> <span style="margin-left: 20px;"> <input type="checkbox"/> Place Customer Number Bar Code Label here           </span> <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below						
Name	Registration Number	Name	Registration Number			
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016			
Alan R. Stempel	28,991	Philip I. Datlow	41,482			
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232			
Anthony P. Bottino	41,629	David A. Dow	46,124			
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.						
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="text" value="28501"/>		<input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below				
Name: <input type="text"/>						
Address: <input type="text"/>						
Address: <input type="text"/>		City: <input type="text"/> State: <input type="text"/> ZIP: <input type="text"/>				
Country: <input type="text"/>		Telephone: <input type="text"/> Fax: <input type="text"/>				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First Inventor: <input type="text"/>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any) <input type="text"/>		Family Name or Surname <input type="text"/>				
Olivier		POTTERAT				
Inventor's Signature				Date	08/25/03	
Residence: City	Mittelbiberach	State: <input type="text"/>	Country: <input type="text"/>	Germany	Citizenship: <input type="text"/>	CH
Post Office Address	Steinaeckerstrasse 7					
Post Office Address						
City	Mittelbiberach	State: <input type="text"/>	ZIP: <input type="text"/>	88441	Country: <input type="text"/>	Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>2</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						



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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Ruediger		STREICHER	
Inventor's Signature	R. Ruediger		
Date	08/28/2003		
Residence: City	Biberach	State	Country Germany Citizenship DE
Mailing Address	Kastanienweg 31		
Mailing Address			
City	Biberach	State	ZIP 88400 Country Germany
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Klaus		WAGNER	
Inventor's Signature	Klaus Wagner		
Date	08/27/2003		
Residence: City	Warthausen	State	Country Germany Citizenship DE
Mailing Address	Erlenweg 31/1		
Mailing Address			
City	Warthausen	State	ZIP 88447 Country Germany
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Till		MAURER	
Inventor's Signature	Till Maurer		
Date	08/29/2003		
Residence: City	Oberstadion	State	Country Germany Citizenship DE
Mailing Address	Eicherweg 26		
Mailing Address			
City	Oberstadion	State	ZIP 89613 Country Germany

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Case No. 1/1368



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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Juergen		MACK	
Inventor's Signature	<i>Juergen Mack</i>		
Residence: City	Biberach	State	Country Germany Citizenship DE
Mailing Address Amriswilstrasse 7			
Mailing Address			
City Biberach		State	ZIP 88400 Country Germany
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stefan		PETERS	
Inventor's Signature	<i>Stefan Peters</i>		
Residence: City	Biberach	State	Country Germany Citizenship DE
Mailing Address Ulmenweg 12			
Mailing Address			
City Biberach		State	ZIP 88400 Country Germany
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date <u>08/25/2003</u>	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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